VAPT 2004/2005 MEMBERSHIP APPLICATION

Membership Dues \$15.00, effective July 1, 2004 – June 30, 2005

New Member? Yes No

* <u>Type of Membership:</u>	(circle one)	Active		Associ	ate	Honorary		
Form of Address:	(circle one)	Dr.	Mr.	Mrs.	Ms	Miss		
Name: (Last)				(First)				_
Employment Title:	(circle one)	Direct	or	Assistan	t Direct	or Sup	ervisor	
Other (please be specif	ic)							
School Division:					(Cit	y/County)	Region #	_
OR Organization:								-
Mailing Address: (P.O. E	Box or Street/	Hwy)						_
(City)			(State)		(Zip	Code)		
E-mail Address: (Home)	(optional)							
E-mail Address: (Business)CIRCLE THE E-MAIL ADDRESS YOU WOULD LIKE THE VAPT NEWSLETTER SENT.								
Business Telephone: (i	nclude area c	ode) (·)					_
Business Fax: (i Emergency Use Telepho your area: (include area VAPT STANDING AND S if you are interested inAuditConferenceResolutionSchoRoad-e-o	one Numbers in code) Phone SPECIAL COMP serving on theConstit	n the even Number MITTEE: at commution/B	vent ar ::() S: Plea nittee. sy-Laws	nother VA se indica Leg	APT mer	nber needs _Cell:(le the commMember	nittees listed below	- ng
*Types of Memberships Active: Administrative supervisors and assista are related to pupil tra state department of edu Associate: Those me transportation of your representatives and of Association. Honorary: Former adm and who are categorize of pupil transportation,	e personnel ints and chief nsportation in ucation person mbers whose g people of thers directly inistrative end as associate	mechan n some a nnel and e prima the Co v associ nployees e membe	adminid super ary common atted vers, but	Also, pers istrative rintenden oncentra wealth, s with or o upil trans t who are	onnel we capacity its. tion of such as concern	whose responsy such as the finterest such such as the such such such such such such such such	nsibilities and dution raining coordinator includes the sales body and chasses of the conjectives of the conjectives of the conjectives of the conjectives of the conjective o	es s, fe is ne
RECEIPT/MEMBERS				USE O				
Application received								
Fee received by:		Date re	eceive	ed:	An	nt. receive	d:	
Check # Cash Date posted to the M		isting:						